

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	SMC	71002	3/30/99
O.I.P.E. CLASSIFIER		10	4/5/99
FORMALITY REVIEW		71471	4/14

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/1/99
2	✓	✓	10/20/94
3	✓	✓	6/1/99
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	0	0
11	✓	0	0
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
16	✓	0	0
17	✓	0	0
18	✓	✓	✓
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If more than 150 claims or 10 actions  
 staple additional sheet here